AMENDED IN SENATE JULY 23, 1997
AMENDED IN SENATE JULY 11, 1997
AMENDED IN SENATE JUNE 12, 1997
AMENDED IN ASSEMBLY APRIL 17, 1997
AMENDED IN ASSEMBLY APRIL 9, 1997

CALIFORNIA LEGISLATURE—1997-98 REGULAR SESSION

## **ASSEMBLY BILL**

No. 732

## **Introduced by Assembly Member Granlund**

February 26, 1997

An act to add Section 14085.58 to, and to add and repeal Sections 14085.56 and 14085.57 of, the Welfare and Institutions Code, relating to human services.

## LEGISLATIVE COUNSEL'S DIGEST

AB 732, as amended, Granlund. Medi-Cal disproportionate share hospitals: capital projects.

Existing law provides for the Medi-Cal program, administered by the State Department of Health Services, under which qualified low-income persons are provided with health care services.

Existing law generally defines a disproportionate share hospital as a hospital that has disproportionately higher costs, volume, or services related to the provision of services to Medi-Cal or other low-income patients than the statewide average. Under existing law, an eligible disproportionate supplemental share hospital may receive Medi-Cal AB 732 — 2 —

reimbursement to defray a portion of the debt service cost for an eligible capital project.

This bill would provide that a disproportionate share hospital meeting specified requirements that has submitted final plans for an eligible capital project may submit substitute final plans and shall qualify for supplemental reimbursement for the revised capital project if specified conditions are met.

The bill would become operative only if SB 1099 is chaptered.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 14085.56 is added to the Welfare 2 and Institutions Code, to read:
- 3 14085.56. (a) A disproportionate share hospital that
- 4 has met the eligibility requirements provided for under 5 Section 14085.5, and that meets the other requirements of
- 6 this section, may submit substitute final plans to the
- 7 Office of Statewide Health Planning and Development
- and shall qualify for supplemental reimbursement under
- 9 Section 14085.5 for the revised capital project as described
- 10 in the substitute final plans if all of the following
- 11 conditions are met:
- 12 (1) The revised capital project continues to meet all 13 other requirements for eligibility as specified in Section 14 14085.5.
- 15 (2) The hospital provides written notification to the 16 department of the status of the project on or before
  - 7 January 1 of each year commencing January 1, 1999. This
- 18 notification shall, at a minimum, include a narrative
- 19 description of the project, identification of medical
- 20 services to be provided, documentation substantiating
- 21 service needs, projected construction timeframes, and
- 22 total estimated revised capital project costs.
- 23 (3) The revised plans are submitted to the Office of
- 24 Statewide Health Planning and Development on o
- 25 before December 31, 2000.

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(b) A revised capital project, in order to be eligible for reimbursement under this section, shall upgrade or buildings and upgrade acquire construct or outpatient equipment used for inpatient services or services that have a direct link to inpatient services.

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- (c) (1) A project, if eligible under the criteria set forth in this section and Section 14085.5, shall commence construction on or before January 1, 2002.
- (2) In addition, the project shall be licensed for 10 operation and available for occupancy on or before January 1, 2009.
- (d) Hospital beds included in a project eligible under 13 the criteria set forth in this section shall not be licensed 14 or certified as skilled nursing facility beds unless the occupancy rate for free-standing nursing facilities in the same health facility planning area is at least 95 percent according to the most recent annual utilization report of 18 long term facility data available from the Office of Statewide Health Planning and Development.
- (e) Revised project costs eligible for supplemental 21 reimbursement under this section or Section 14085.57 shall not exceed <del>70 percent of</del> the project costs that <del>would</del> have qualified for supplemental reimbursement under the original project, as evidenced by the architects' and engineers' certified cost estimate of the original plan submission. However, where debt was issued prior to July 1, 1996, for the capital project for which plans were originally submitted, the supplemental reimbursement shall not exceed the amount of the capital project for 30 which the original plans were submitted and that would have qualified for supplemental reimbursement.
  - (f) This section shall remain in effect only until January 1, 2009, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2009, deletes or extends that date.
- SEC. 2. Section 14085.57 is added to the Welfare and 36 37 Institutions Code, to read:
- 14085.57. (a) The surviving hospital of a contractual 38 alliance composed of a private nonprofit general acute care hospital and a disproportionate share county general

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acute care hospital in which the combined bed capacity is downsized by at least 30 percent, shall, notwithstanding subparagraph (C) of paragraph (1) of subdivision (b) of Section 14085.5, qualify for supplemental reimbursement 5 as long as all other requirements of Section 14085.56 and this subdivision and, except where inconsistent with this section, the requirements of Section 14085.5 are met:

- (1) The private hospital system assumed operation of a regional burn and trauma service originally licensed under the county hospital license.
- (2) The private hospital contracts with the governing board of the county operating the county hospital, for the provision of medical care to indigents for whom the 14 county has responsibility pursuant Part 5 to 15 (commencing with Section 17000) and county 16 correctional facility inmates.
- (3) The county and the private hospital agree to phase 18 out operation of the county hospital facilities by October 2001, and operation of the county hospital facility has been completely phased out.
  - (4) The contract with the county requires that the private hospital construct and operate a burn and trauma facility to preserve that specialty care as a regional service.
  - (5) The contract with the county requires the private hospital to provide medical care for indigents for 30 years and debt service for that portion of construction costs of the burn and trauma unit of approximately forty-five million dollars (\$45,000,000).
- 30 (6) The private hospital succeeds to, and is vested with, the county hospital's disproportionate provided for in The condition 32 hospital status. this paragraph shall be met only when the Medi-Cal and 34 indigent care patient census acquired by the private 35 hospital meets the census level required 36 disproportionate share status.
- (7) Plans are submitted to the Office of Statewide 37 Health Development 38 Planning and on or before December 31, 2000.

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supplemental reimbursement (b) A made available under Section 14085.5 to a hospital meeting requirements of this section shall not exceed an amount sufficient to service any remaining construction costs of the burn and trauma unit up to one hundred million dollars (\$100,000,000) over the forty-five million dollar (\$45,000,000) amount referred to in paragraph (5) of subdivision (a) for a 30-year loan.

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- (c) This section shall remain in effect only until 10 January 1, 2009, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2009, deletes or extends that date.
- SEC. 3. Section 14085.58 is added to the Welfare and 14 Institutions Code, to read:
- 14085.58. The obligation of the department to provide 16 supplemental reimbursement to a disproportionate share hospital incurred pursuant to Section 14085.56 or 14085.57 shall not be affected by the repeal of those sections, and 19 department continue provide shall to 20 supplemental reimbursement required by that obligation even after those sections have been repealed.
- 22 SEC. 4. This bill shall become operative only if Senate 23 Bill 1099 of the 1997–98 Regular Session is chaptered.